

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED.
SECRETARY OF THE SENATE
11 OCT 14 PM 5:16
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Friends of Christine O'Donnell

ADDRESS (number and street)
▼

P.O. Box 3987

Check if different
than previously
reported. (ACC)

Wilmington

DE

19807

2. FEC IDENTIFICATION NUMBER ▼

C C00449595

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

DE

0

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y
11 / 06 / 2012in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y
11 / 06 / 2012in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2011

through

M M / D D / Y Y Y Y
09 / 30 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Matthew Moran

Signature of Treasurer

Matthew Moran

Matthew Moran

Date

M M / D D / Y Y Y Y
10 / 14 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only**FEC FORM 3**
(Revised 02/2003)